I-18-2912

GSPP General Regulations

History of changes

Version	Chapter	Changes
2.0	2.3	Extension of the Accreditation through Periodical Audit
	2.5	Accreditation Process
	2.8	Accreditation cycle
	4.2	Audit process
	4.3	Audit reports
	7.2	Tariff Structure
2.1	1.	Several changes
	2	Several changes
	3.	Word changes
	4.	Several changes
	5.	Chapter deleted
	6.	New chapter 5. Several changes.
	7.	New chapter 6. Several changes.
	8	New chapter 7. Last part added

1. Introduction

The GSPP General Regulations (GR) are intended for clarification of the non-technical GSPP process as described in the specific Standard and Annexes. These are referred to if applicable in the GR. It is a general document intended for GSPP Participant to improve and combine the information around the accreditation process. Procedures can be found on GSPP's website. The GR do not apply to internal procedures for working in workgroups, technical committees or Board.

1.1 Details

The Foundation's full name and registered office are:
Stichting The Foundation Good Seed and Plant Practices
Vossenburchkade 68
2805 PC Gouda
The Netherlands
The foundation's website is http://www.gspp.eu
The VAT number is: NL821645675B01

The Foundation operates under Dutch law.

The GSPP Foundation is responsible for the Accreditation system, the GSPP Standard and all supporting documents. As an international business initiative the formal communication language is English.
However, there is an exception in the following countries: France and The Netherlands.
France: GNIS/SOC performs the Audits and they can be done in French.
The Netherlands: Naktuinbouw performs the Audits and they can be done in Dutch.
Audit reports need to be in English, prepared by the Auditor, as these need to be discussed between the two Audit Organizations and possibly with the GSPP Secretariat in harmonisation and interpretation meetings.

1.2 General Regulations

The General Regulations describe the Accreditation rules applicable for any party that wants to be GSPP accredited and maintain its Accreditation.

1.3 Legislation

The GSPP Standard does not supersede local legislation, where there is no legislation in place; GSPP assists in minimum best practice guidance.

1.4 Organization

Board
The GSPP system is managed by the board of the GSPP Foundation. The composition is described in the articles of association. The Board consists of:

- An independent Chairman without voting rights.
- Two Board members appointed by Plantum, of which one board member is appointed by the Voedingstuinbouw Zaad division (Vegetable seed board) and one board member is appointed by the Voedingstuinbouw Opkweek division (Plant raiser board).
- One Board member appointed by the Union Française des Semenciers (French Association of Seed Companies).
- One Board member appointed by the Syndicat Français des Producteurs de Plants pour Professionnels (French Association of Professional Plant Raisers).

Each Board member has an appointed substitute to replace the Board member in case the Board member is not able to attend a meeting or voting. The Board of the GSPP Foundation decides on the Accreditation of Applicants and Participants and on the imposing of sanctions, and is responsible for and decides about proposed adjustments of the GSPP Standard and its annexes and the procedures. In this way, the GSPP System will be further developed and improved over the years. The Board meets at least once a year and more often if deemed necessary. The ITC is in general represented at the Board meetings by its chairman.

ITC

The ITC is a formal working group within the GSPP Foundation which advises the Board on technical matters and interpretation of the Standard. The ITC consists of an independent chairman and equal numbers of different experts from France and the Netherlands, and an equal number of experts from the seed industry and the plant raising industry. The Audit Organizations are advisors to the ITC. ITC members are nominated by the above organizations to the Board and the Board appoints the ITC members.

The ITC discusses the interpretation requests and the suggested improvements from the Audit Organizations, among others, and advises the Board of the GSPP Foundation about adjustments of the GSPP Standard and annexes to the GSPP Standard and procedures. The ITC meets at least once a year and more often if it deems it necessary.

GSPP Participants
A regular meeting of the GSPP Foundation takes place with the accredited companies. One of the subjects to be discussed is improvement of the GSPP Standard. New standard documents are published for consultation on the website for a limited period of time on the closed part of the website; this gives GSPP Participants the opportunity to comment on the development of the Standard. This meeting is organized once every 2 years in general.

1.5 Scopes

The GSPP Standard consists of several Scopes that determine the process steps identified in the seed and plant production. An Applicant has to inform the GSPP Secretariat and the Audit Organization for which Scope(s) the company wants to be accredited.

The reference table indicating which processes are part of the scope of a GSPP-Participant can be found in the GSPP Standard, chapter 3.2 and Annex 14.7.

1.6 GSPP definition list & explanation scopes

On the website the latest version of Annex 14.7 GSPP Definitions & explanation scopes is published. This list contains all definitions applicable to the Standard and its supporting documents/annexes. The definition list can contain some words, which have a specific GSPP interpretation in comparison with the general description of that word. Words in the definitions list are often written with capital letters in the GSPP documents. The explanation and circumscription of each Scope are also explained in this document.

2. GSPP Process

2.1 Application and Scope

A general schematic description of the accreditation procedure is available on the website under Document, Miscellaneous documents for the GSPP system, Procedure 1.1. A company interested in Accreditation under the GSPP Standard, needs to fill in an application and modification form, as published on the

website. Each Site should be registered separately. A company should consider the requirements for Accreditation before submitting the application. A QMS has to be in operation on a site for at least 3 months, the Applicant should demonstrate this through:

- Date of implementation of QMS documents
- Internal Audits have to be carried out
- A management review has been held

With the application a registration fee of €500 (five hundred Euros) should be paid into the bank account of GSPP. When the registration fee is received, the application will be forwarded to the Audit Organizations. The registration fee is part of the annual fee that each GSPP-participant is required to pay to maintain the Standard. When auditable scopes are limited in time, the Audit has to be planned during the actual production processes on-going.

On the website an application and modification form is available to enter into the application process or make changes to the registration. All changes to the registration details, scope change, contact persons, etc... have to be communicated formally to the Foundation. The information on this form is used for communication with GSPP Participants. Contact persons indicated receive mailings from the Foundation. The information on this form is the input for the start of the audit process in the communication with the AOs.

2.2 Audits

Upon reception of the application and the registration fee, if applicable, the application and modification form is forwarded to the Audit Organizations (AOs). The Audit Organizations decide internally, which AO will perform the Initial Audit. This process is further described under chapter 4.
The GSPP system recognizes the following Audits and these are described in the Annex 14.7 GSPP Definitions list:

- Initial Audit (Procedure 1.2)
- Periodical Audit (Procedure 1.3)
- Renewal Audit (Procedure 1.2)
- Corrective Audit
- Unexpected Audit
- Re-entry Audit

The numbers behind the different audits refer to the schematic procedures as available on the website under Documents, Miscellaneous documents for the GSPP system. The above Audits are performed by an AO. The Unexpected Audit is done based upon a decision of the Board, but can be triggered upon information received from an AO. GSPP bears the costs of an unexpected audit.

At the close of an Audit process and after the presentation of the Corrective evidence, the AO forwards an Audit summary report to the Secretariat. The Audit summary report should be forwarded within 10 working days after receiving the Corrective evidence from the Applicant or Participant. If the report contains a major NC, the audit summary is forwarded anonymous to the Board to take a final decision on the Accreditation.
If the report contains a minor NC (maximum 20 minors) the Audit summary is forwarded to the chairman of the Board for consideration and he takes a final decision on the Accreditation. Of each site an audit summary report is made on

the QMS (practical Documentation) and a separate one for the site (Implementation).

The Board is responsible for the final decision concerning accreditation. In case of temporarily suspension a GSPP Participant should request for the suspension with a clear time frame. It should be considered as suspension of Accreditation. In case of suspension, temporarily or completely, the specific GSPP participant has to apply for accreditation again and re-start the whole GSPP process, once the non-conformities are resolved.

Usually the Accreditation date for an Applicant is the Site Audit date, based on the Corrective evidence an AO can recommend a different Accreditation date. The final process before Accreditation is the signing of the Participation Letter by the authorized signatory of the Applicant company. Once the Secretariat receives this signed document, a certificate is sent to the Participant.

2.3 Extension of the Accreditation through Periodical Audit

After Accreditation of a GSPP Participant, the site is periodically audited, during an Accreditation cycle two Periodical Site Audits are performed. The first Periodical Audit should take place 9 – 15 months after the Accreditation date of the first cycle and during a period that operations within the requested Scope(s) can be audited. A second Periodical Audit has to be performed 21 – 27 month after the Accreditation date of the first cycle. After each Periodical Audit and a positive recommendation, the GSPP Secretariat confirms this to the GSPP Participant through an extension e-mail confirming the positive recommendation, the Scope(s), and registered Site details.

The first Accreditation cycle of GSPP is 3 years, with an Initial Audit and 2 Periodical Audits in the first Accreditation cycle. The Renewal audit should be done before the end date of the (first) accreditation cycle by an application/modification form (according to procedure 1.2. for initial and renewal audits). The Accreditation cycles following the first one have a length of also 3 years with 1 Periodical Audit. To have flexibility in the planning of this Periodical audit it has to be planned between 1 and 2 years after the Renewal date of the Accreditation cycles following the first one.

Based upon the findings of the AO during the renewal audit, the AO can recommend to the Board an additional Periodical Audit during the Accreditation cycles following the first one.

If this is not possible for a Participant to do the Renewal audit before the end date of an accreditation cycle a request for lengthening the accreditation has to be forwarded to the GSPP secretariat. A request to lengthen the accreditation cycle can also be done for matters of more efficient planning of audits. The GSPP Chairman takes a decision about the request.

If a company executes the renewal audit before the end date of the first accreditation cycle and the NCs have been solved before the end date, the accreditation date of the next accreditation cycle will follow the previous one.

In case of a negative recommendation the Audit summary report will be forwarded to the GSPP Board for a final decision of (temporarily) suspension or action on accreditation.

2.4 Changes to the registration details and Scope

Any change to the GSPP Participant's details and Scope(s) shall be communicated in writing to the GSPP Secretariat. On the website a form, the application and modification form, is available.
In case of a reduced Scope, the date of application for the reduction by the GSPP Participant, on a signed application and modification form, can be used to process and accredit the change on a certificate.
In case of an increased Scope, the date of the Site Audit can be used to process and accredit the increased Scopes on the certificate. In case the Scope increase has to take effect differently than during the planned Periodical Audit an extra Audit has to take place.

2.5 Accreditation Process

The GSPP Accreditation is supported with a certificate for the QMS and for the Site. The certificate is issued to each independent GSPP Participant, once a positive recommendation of the AO and from the Board and/or Board chairman of the Initial Audit is received. A certificate can be issued to companies that only operate partly in the responsibilities of Seed Companies or Plant Raisers.
Each certificate for the QMS contains the main company name, QMS (holder)and with the accredited Scope(s), Accreditation Date, Certificate number and the validity of 3 three years from the Accreditation date.
Each certificate for the Site contains the main company name, the Site name with the accredited Scope(s), Accreditation Date, Certificate number and the validity of 3 three years from the Accreditation date.
An overview of the GSPP Participants can be found on the website.

2.6 Non-Conformity (NC):

In GSPP Audits only the word non-conformity is used. A NC occurs when daily practices do not comply with the QMS of the Participant and / or when daily practices do not comply with the GSPP Standard and / or when the QMS does not comply with the GSPP Standard.
A NC can be considered major or minor.

2.6.1 Major non-conformity

The definition of a major non-conformity (abbreviation used is major NC) with GSPP is:

- A non-conformity , which forms a direct threat to the phytosanitary quality with respect to *Cmm* of the product itself
- when a complete criterion or paragraph of the Standard has not been implemented / carried out
- A total number of 20 minor NC's per site or more are equally treated as a major NC.

Closed Major non-conformities are always forwarded to the Board for their assessment and final advice.
Examples:
- In case of eating tomatoes from outside the premise in the greenhouse.
- Staff is not changing into clean clothes, when passing through the red lock
- There is uncontrolled access of people, whereby people can and do enter yellow and green areas freely
- No internal Audit carried out, which can possibly turn into a direct threat if the Participant did not notice the neglecting of hygiene precautions --> possible contamination of GSPP Product.

2.6.2 Minor non-conformity

The definition of a minor non-conformity (abbreviation used is minor NC) with GSPP is:
- A non-conformity that does not form a direct threat to the quality of the product, but needs to be solved in order to comply with the GSPP Standard

A minor NC poses a minimal risk of non-conforming GSPP Product(s) or Scope services
Examples:
- Registration with GSPP is not correct, Participant has not communicated changes with GSPP Secretariat
- Internal audit has not been executed according to internal Audit plan, but was delayed.
- The registered Scope(s) and the to be Audited scope(s) need to be the same if registration with GSPP Secretariat is not up-to-date before the audit.

Closed minor non-conformities are always forwarded for assessment and advice from the GSPP Board chairman, before a final positive Accreditation. Twenty (20) or more minor NCs are considered as a major NC.

2.7 Corrective action process

NC's have to be corrected through a Corrective action by forwarding Corrective evidence to the Audit Organization. The process for a Corrective action is:
- To do a root cause analysis (answering the question: how come that this NC has been established?)
- To assess what needs to be done to restore/minimize the effects of this NC, based upon the root cause analysis (e.g. destroy a production, recall, etc.)
- To undertake every necessary action to prevent that this (kind of) NC occurs again (e.g. adapting documents, rebuilding, inform or train people, etc.)

The Corrective evidence is the proof that Corrective action has been undertaken. This can be done by means of replying to the list of NCs, received by the AO after the audit, together with adapted procedures, working instructions, documents, photo's, etc… The AO assesses whether or not this proof is sufficient (also in relation to possible consequences for the GSPP Product). In some cases it is possible and sufficient to send in a plan of approach, but this is up to the Auditor (if this is the case, the Auditor mentions

this explicitly in the end-meeting). After completion of the Corrective actions and/or submitting the Corrective evidence or plan of approach, the AO forwards an Audit summary report with its findings and final recommendation. The Participant receives a copy of the anonymous Audit summary report that is forwarded to the GSPP Board.

The AO can decide for a corrective audit to verify the corrective action of non-conformities on documentation basis or to carry out an Audit on location.

2.8 Accreditation cycle

The Accreditation cycle of GSPP is 3 years, with an Initial or Renewal Audit and 2 Periodical Audits in the first Accreditation cycle. The Renewal Audit is a repetition of the Initial Audit format. In principle 1 Auditor should suffice to perform the Renewal Audit; if a GSPP Participant insists and is willing to bear the extra costs, optionally a second Auditor can be sent along. Auditors need to be changed after 3 years; the AO can remain the same. All following Accreditation cycles after the first cycle have 1 Periodical Audit (see also 2.3).

In case a GSPP accredited company has a new site after the first Accreditation cycle the initial audit of a new site can be done with 1 auditor. If a GSPP accredited company is in the first Accreditation cycle the initial audit of a new site has to be done with 2 auditors.

2.9 GSPP Accreditation Register

GSPP maintains a public Accreditation Register on the website, this contains for the general public, information on the Participants and the site(s) per country with the audited Scope. Internally the GSPP Secretariat is maintaining an internal register with detailed information of each GSPP Participant and the history of the Accreditation process. This internal register is not freely accessible for anybody except the Audit Organization, the GSPP Board chairman and the GSPP Secretariat.

3. Document Control

All standard and supporting documents are published on the GSPP website. GSPP Applicants and Participants should regularly keep themselves updated on any new version of documents. This can be done through a RSS feed, which is only active on the public domain of the website and not on the domain for GSPP Participants only. Updated standard documents are published on the website, GSPP Participants are informed of this update/change through an information email to the contact persons registered in the internal register.

4. Audit Organization and Audit process

4.1 Approved Audit Organizations

The Audit Organizations (AOs), Naktuinbouw and GNIS/SOC, are responsible for carrying out the Audits based on the GSPP Standard and annexes to the GSPP Standard.

The Audit Organizations make suggestions for improvements of the GSPP Standard or other elements of the GSPP system to the GSPP Foundation through formal harmonization and management review meetings.
According to existing agreements between GSPP and the Audit Organizations, the Audit Organizations are responsible for the allotment of Audits worldwide. This is based on the principle of GNIS/SOC auditing companies in France and Naktuinbouw in The Netherlands. All Audits outside these countries should be equally divided by the AOs, with reasonable consideration of the requirements of the GSPP Participants and/or Applicants.

4.2 Audit Process

After reception of the audit assignment and/or application/modification form the AO contacts the Applicant/Participant and plans the Audit. An Agreement GSPP Applicant/Participant and AOs is made and signed between the AOs and Applicant/Participant. The AO ensures an audit plan is established prior to each audit. An audit plan includes the audit team, the type of audit, the GSPP Standard references, the estimated audit time, the audit scope (including the organizational units to be audited), the dates and sites. All reports and non-conformities can be exchanged with the GSPP Secretariat, ensuring confidentiality to the Applicant/Participant. The time-frame for the Audits is referred to in table 1. in chapter 4.3. Every Audit is closed by mentioning the non-conformities in relation to the applied Scope in a closing meeting. The non-conformities are confirmed in the Audit report, which is sent to the Applicant/Participant, within 1 month after the Audit. The non-conformity list is sent within 3 working days, after completing the Audit.
The time frame and procedure for the Applicant/Participant to react to the non-conformities is as follows:

a. Auditor writes non-conformity
b. Auditor stipulates what he wants to see (as Corrective evidence) during end meeting: Corrective action or plan of approach:
    i. In most cases companies are able to carry out Corrective action (and are required)
    ii. In a few cases if this is not feasible, in those cases a plan of approach can be sufficient
c. Auditor sends non-conformity list to Applicant/Participant within 3 working days after the day of the Audit. This date is the starting point for further deadlines.
d. Applicant/Participant undertakes root cause analysis and Corrective action
e. Applicant/Participant sends in Corrective evidence of Corrective action to the AO or a plan of approach subject to approval of the AO (along with an adapted non conformity tab) within the agreed time frame:
    iii. 5 months for Initial Audits (otherwise the audit needs to be conducted again).
    iv. For Participants:
        1. a.s.a.p./two weeks for Major non-conformities
        2. 2 months for Minor non conformities
    v. AO safeguards that Corrective evidence or plan of approach is received within the agreed timeframe. If not:

1. no recommendation yet (for Initial Audits) or
2. Sending an audit summary report to the Board of GSPP for consideration of withdrawal or (temporarily) suspension of Accreditation (for Participants), unless there is an agreement between Auditor and company to postpone the initial deadline by a plan of approach to solve the non-conformities. This will be reported to the GSPP Secretariat

f. Auditor reviews Corrective action (by means of Corrective evidence or Corrective Audit if needed).
g. Auditor verifies Corrective action during the next Audit.

4.3 Audit Planning and duration

The planning of an audit is done by the AO in cooperation with the Applicant/Participant. The Applicant/Participant can communicate a preferred period in which the audit must take place through the Application/modification form.

The AO must be able to conduct Audits in whatever period it wants. Important aspect is that it must be able to conduct Audits when (some parts of) the process to be audited is/are carried out. The Applicant/Participant must accept the time and date of the Audit during the period selected by the AO.

For the planning of long distance international audits a reasonable period (3-6 months) should be taken into account.

Table 1. Audit duration QMS and Site*

This table indicates the audit duration for both QMS and Site.

QMS audit duration

	Initial/renewal audit (in hours)	Periodical audit (in hours)
Documentation audit	2-4	n.a.
Implementation audit	2-4	2-4

(n.a. – not applicable)

Site audit duration

SCOPE #	Audit duration (in hours)	Notes
1	0,5-1	Sampling has to be audited once
2		
3	2-4	Depending on the size of the site
4		
5	2-4	Depending on the size of the site, large site 4h. Depending also on

		the complexity of the site.
6		
7	1-2	More 1 than 2 hours
8		
9	1-2	Small company 1 hour, large company 2 hours
10		
11	1-4	
12		
13	0,5-1	
14		
15	0,5-1	Shipment
16		
17	2-6	
18		
Total	Minimum: 8 hours Maximum: 18 hours	

In total a minimum of 8 hours and a maximum of 18 hours for a seed companies (scopes 1-16).
The duration depends on the size and activities/scopes of the company/site.
Reporting QMS and site audit: 2-6 hours
*Language interpretation of GSPP Participant, different operating environment and Audit preparation can increase the above guidelines with about 2 hours. This is without travelling time.

The Audit processes are described in flow chart procedure(s), published on the website.
For a Periodical Audit with Participants, the timelines are the same as described above. Every Audit is considered for the applied and registered Scope(s) only.

4.4 Audit reports

Audit reports are always sent to the GSPP Secretariat and the other AO, than the AO that performed the Audit, for possible harmonisation purposes. The GSPP Secretariat can use the Audit report for harmonisation and/or complaint handling procedures after Accreditation. This specific Audit report and company information can only be used for the Accreditation procedures of that Participant. The Foundation cannot use or publish this information.

4.5 Audit summary report

The Audit summary report is the report that is forwarded to the GSPP Secretariat after considering the NC and the Corrective evidence from the Participant by the AO. The Audit summary report does not state the name of a GSPP Participant, but referred to with a unique identification number. Only the GSPP secretariat and when necessary the chairman are informed about de details of the participant. It can state the following, depending on the conclusions of the AO: unique identification number, type of Audit and version, Auditors, dates of Audits, audited Scopes, other detailed Audit information,

Audit results with a summary of the NC (major and minor) and the concluded recommendation of the AO.

5. Complaint and Appeal Procedure

The purpose of this procedure is to document the complaints against the GSPP foundation or it's Standard. When referred to Standard we mean the requirements and conditions laid down for the production of seeds and plants in order to keep contamination by seed-transmitted pathogens (*Cmm*) to a minimum. The GSPP standard is under continuous development and the Versions should always be referred to. Participants should keep themselves informed through the GSPP website of the applicable version. All relevant documents are published on the website www.gspp.eu. GSPP complaint procedure intends to consider all complaints made to the GSPP Foundation and is applicable to all, but not limited to: Standard procedures, its interpretation, Audit results and findings, appointed Audit Organizations; appeal against Foundation's governing body decisions, sanctions imposed on non-conforming GSPP participants.

5.1 Complaint Procedure

The GSPP Secretariat receives all complaints and communicates to the governing body of GSPP Foundation. Based upon the complaint and its source it can be decided or requested by the complainant that it is forwarded anonymously to the GSPP board and/or ITC.
The GSPP Secretariat logs all complaints and returns a signed reception complaint form to the complainant within 10 working days after receiving the complaint.
Depending on the complaint it is forwarded for decision to the governing body of the Foundation and/or the ITC. An investigation is initiated to establish actual cause of complaint. All formal complaints are informed to the Board. Upon receipt of the complaint the Board Chairman is informed.
The agreed corrective action is communicated to the complainant. Once the necessary corrective action has been effected, the action is documented in the complaint logbook. The complaint logbook contains a record of all complaints received and the action taken, specifying date the complaint is received, the reference number of the complaint, the complainant and details of the complaint.
All complaints except complaints or appeals against board decisions are treated within 60 working days.

5.2 Appeal Procedure

Appeals against the GSPP board or appeals against board decisions (except TIP) result in the formation of an Appeal Committee. The appeal procedure is schematically available on the website under Documents, Miscellaneous Documents for the GSPP system. The Appeal Committee consist of appointed members, independent member appointed by the company, a board member and/or board chairman. A notification of the Appeal Committee's composition is forwarded to the complainant or GSPP participant by the chairman of the Committee. The appeal Committee meets within 2 months after the appeal is

logged. The complainant should be heard by the Appeal Committee in person or in writing. If more information is required after the hearing the Appeal Committee contacts the complainant or participant.
After reaching a decision on the appeal, the complainant and the board is informed within 2 weeks after reaching that decision.
If the complainant still does not agree with the decision of the Appeal Committee, he/she has to inform the GSPP secretariat within 2 weeks after receiving the decision and motivate his/her opinion. The board discusses the appeal and decision of the Appeal Committee in the next board meeting, which should take place within 90 days and take a final decision. The GSPP Secretariat informs the complainant within 2 weeks after the final Board decision.

6. GSPP Participants

6.1 Participants Obligations

GSPP Participants have to inform themselves of the latest GSPP developments through the GSPP website, information email to registered contact persons and newsletters. The Standard needs to be upheld and maintained during the processes included in the audited Scopes during the Accreditation period.

6.2 Tariff Structure

The tariffs that are controlled by the Foundation are the auditing fees and the annual fee. The tariffs can be found of the website of GSPP. The deposit and the tariffs mentioned in the schedule are net rates. Charges for local taxes, banking costs or any supplementary cost will be invoiced extra to the company.

The auditing fees are agreed annually with the Audit Organizations and are in line with market rates of comparable Audit schemes.

The Audit tariffs are indicated on the website. The travel time is calculated as follows:
1. The travel time for national audits in France and The Netherlands is calculated from the regional office (departments for GNIS/SOC) or central office (Roelofsarendsveen for Naktuinbouw) and vice versa.
2. The travel time for international audits outside France and the Netherlands is calculated from the home base of the auditor to the (international) airport, the arrival at the hotel and the company (and vice versa). The travel time from the home base of the auditor to the (international) airport is less than 4 hours (and vice versa).

Decisions for the choice which auditor will be assigned, is up to the AO.

The annual fee, a yearly contribution, is invoiced to each GSPP Participant once a year. From 2012 on the annual fee is reviewed annually by the Board. The fee is only intended to cover the costs of GSPP to maintain the Standard.

Newly accredited GSPP Participants and newly accredited sites of GSPP Participants are invoiced for a proportionate part of the year for the annual fee.

For GSPP Applicants a registration fee of €500 is requested before the application is processed, however this registration fee is later deducted from the annual fee.

7. GSPP Standard Review Procedure

The Standard contains the GSPP Standard with all its supporting documents and annexes. A review of the GSPP Standard is done annually by the ITC. As a result of the review, all updated or new documents are forwarded to the Board for its final approval and incorporation in the Standard. After approval all standard and supporting documents are published on the GSPP website.

Based upon the review there are several options for an update of the Standard:

a) A new document that is intended to contribute to the existing Standard is first published as a V1.0.
b) A document is updated with minor changes, which contribute to the readability or enhance the understanding and interpretation of the document. No substantial procedural changes are made to the document. The version of the document does not change, but only the edition, e.g.: V1.0 → V1.1 or V2.3 → V2.4.
c) A document that is substantially changed with procedural changes is published for consultation on the website first for GSPP Participants. The version number changes accordingly, e.g.: V1.6 → V2.0 or V2.4 → V3.0

GSPP Applicants and Participants should regularly keep themselves updated on any new version of documents, this should be part of the preparation of internal and external GSPP related auditing. This can be done through a RSS feed. GSPP informs the GSPP Participants also through regular newsletters and information emails.

A new version is (always) an improvement of the previous one. When there is a new version of an annex, during the defined transition period, both versions can be applied prior to the date of applicability of the new version. A transition period should be defined for minor changes (at least 3 months) and major changes (at least 6 months).